

MEDICAL INFORMATION REQUEST / RELEASE

Date: _____

Addressed To: _____

In Reference to Patient:

Name DOB

The listed patient requests the release copies of:

- | | | |
|--|---|---|
| <input type="checkbox"/> All Medical Records | <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Hospital Summaries |
| <input type="checkbox"/> Electrocardiograms | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Other: _____ |

Dated from _____ to _____

I hereby authorize the release of the indicated medical information:

- Please send it promptly via:
- | | | |
|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Fax | <input type="checkbox"/> Mail |
| | <input type="checkbox"/> Other: | <input type="checkbox"/> |

Note: If faxing or emailing records, privacy cannot be guaranteed.

Please release this information to **Curtis Haskins, MD**
Fax: 843-410-2790

I understand that I may inspect or copy the protected health information described by this authorization.

I understand that this authorization may be revoked in writing by me and delivered to the Privacy Contact of Curtis Haskins, MD at any time, although revocation will not be effective as to the disclosure of records whose release I have previously authorized or where other action has been taken in reliance on an authorization I have signed.

I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by any recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Name or Authorizing Representative (print name)

Patient Relationship of Representative

Patient or Authorizing Representative Signature

Date

Witness

Expiration Date: This authorization will expire on (date or event) _____
If no date or event is stated, expiration is six (6) months from the date it was signed.

*Copy Provided: The (covered entity) shall provide a copy of this authorization, when signed, to the subject individual.